

AO 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of

Massachusetts

TERIZA SHEHATOU, INDIVIDUALLY, CINDY LOUKA P.P.A.
 TERIZA SHEHATOU AND SALLY LOUKA P.P.A. TERIZA SHEHATOU

SUMMONS IN A CIVIL CASE

V.

CHERYL L. SCHARDT, JAY A. HOPKINS, P. KEYBURN HOLLISTER,
 JOHN R. GOBEL, ALLSTATE INSURANCE COMPANY AND COMMERCE
 INSURANCE COMPANY

CASE

05-30195-KPN

000029-1.3.1 10/04/05 12:24

1 FOREIGN WRIT

23.00

1 MILEAGE

8.00

REF SHERIFF # 604520

CASE TOTAL

31.30 *

TOTAL

31.30 TL

CHECK I

31.30

CASHIER: DENISE

TO: (Name and address of Defendant)

Allstate Insurance Company
 Sanders Road, Suite H1A
 Northbrook, Cook County, IL

2775

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Chris S. Dodig, Esq.
 Donovan & O'Connor, LLP
 1330 Mass MoCA Way
 North Adams, MA 01247

an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

September 1, 2005

CLERK

Mary Lynn

DATE

BY DEPUTY CLERK

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RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the third-party defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input type="checkbox"/> Other (specify): _____ _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Date Signature of Server </div> _____ Address of Server </p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

DEPUTY: S. DAVIS # 3980

ATTORNEY

CHRIS S.DODIG,ESQ./DONOVAN & O
1330 MASS MOCA WAY
NORTH ADAMS MA. 01247
413 663-3200

FOREIGN

.....1 PERSONAL SERVICE: BY LEAVING A COPY OF THE SUMMONS AND COMPLAINT WITH THE NAMED DEFENDANT PERSONALLY.

.....2 SUBSTITUTE SERVICE: BY LEAVING A COPY OF THE SUMMONS AND A COPY OF THE COMPLAINT AT THE DEFENDANT'S USUAL PLACE OF ABODE WITH SOME PERSON OF THE FAMILY OR A PERSON RESIDING THERE, OF THE AGE OF 13 YEARS OR UPWARDS, AND INFORMING THAT PERSON OF THE CONTENTS THEREOF. ALSO, A COPY OF THE SUMMONS WAS MAILED ON THE _____ DAY OF _____, 20____, IN A SEALED ENVELOPE WITH POSTAGE FULLY PREPAID. ADDRESSED TO THE DEFENDANT AT HIS OR HER USUAL PLACE OF ABODE.

(B) MICHAEL F. SHEAHAN, SHERIFF, BY: [Signature], DEPUTY

2 NAME OF DEFENDANT ALLSTATE INSURANCE COMPANY
 WRIT SERVED ON R/P James Rinefrank
 THIS 6 DAY OF Oct, 2025 TIME 10:00 (A.M./P.M.)

THE NAMED DEFENDANT WAS NOT SERVED.

ATTEMPTED SERVICES

DATE TIME A.M./P.M.

10/6 10:10 Aa 3980

SG20

L4/2-271